

**HAWAII STATE ETHICS COMMISSION**

1001 Bishop Street, ASB Tower Suite 970
Honolulu, Hawaii 96813
P.O. Box 616, Honolulu, Hawaii 96809
Telephone: 587-0460 Fax: 587-0470
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GIFTS DISCLOSURE STATEMENT

(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due on June 30)

NAME:

STATE POSITION:

STATE AGENCY:

STATE TEL. NO.:

STATE MAILING ADDRESS:

1	DONOR	2	DESCRIPTION OF GIFT	3	DATE REC'D	4	GIFT VALUE	5	AGG. VALUE
	<i>None</i>								

1	DONOR	2	DESCRIPTION OF GIFT	3	DATE REC'D	4	GIFT VALUE	5	AGG. VALUE
			'06 JUN 19 A11 :16						
			STATE OF HAWAII STATE ETHICS COMMISSION						

5 Check here if you have attached additional sheets.

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

SIGNATURE

DATE

[illegible]

1 DONOR	2 DESCRIPTION OF GIFT	3 DATE REC'D	4 GIFT VALUE	5 AGG. VALUE
	'06 MAY -3 P2:23			
	STATE OF HAWAII STATE ETHICS COMMISSION			

____ Check here if you have attached additional sheets.

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

SIGNATURE

DATE

5/2/06